

**School Pulse Panel 2025-26 and 2026-27
(SPP 2025-26, SPP 2026-27)
Preliminary Field Activities**

OMB# 1850-0975 v.12

**Appendix B
 Screener Survey**

**National Center for Education Statistics (NCES)
U.S. Department of Education**

**August 2024
revised November 2024**

This document includes the screener instrument for School Pulse Panel 2025-26. The screener instrument planned for School Pulse Panel 2026-27 is planned to be included under OMB#1850-0969 in a future 60-day public review and comment period.

Table of Contents

School Point of Contact Screener.....	3
---------------------------------------	---

School Point of Contact Screener

Note: The required language below will be presented on the landing page for the survey when respondents access the link.

NCES is authorized to conduct this survey by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543). All of the information you provide may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151). Reports of the findings from the survey will not identify participating districts, schools, or staff. Individual responses will be combined with those from other participants to produce summary statistics and reports.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this voluntary information collection is 1850-0975. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this collection, or comments or concerns about the contents or the status of your individual submission of this questionnaire, please e-mail: addp.school.pulse.panel@census.gov.

Screen1. Please confirm or enter the following information about your school: {Information will be pre-populated when available}

School Name: [Auto-filled information when available]

Principal/Head of School First Name: [Auto-filled information when available]

Principal/Head of School Last Name: [Auto-filled information when available]

Principal/Head of School Email: [Auto-filled information when available]

Principal/Head of School Phone Number: [Auto-filled information when available]

EXTN: [Auto-filled information when available]

School Address: [Auto-filled information when available]

[School Address 1]

[School Address 2]

[City]

[State]

[ZIP Code]

- All information above is correct
- School name needs to be updated
- Principal/Head of School name needs to be updated
- Principal/Head of School email needs to be updated
- Principal/Head of School phone numbers needs to be updated
- School address needs to be updated

Screen1a. Please update the following information about your school. {Display if Screen1 ≠ “All information above is correct”}

School Name: _____

Principal/Head of School First Name: _____

Principal/Head of School Last Name: _____

Principal/Head of School Phone Number: _____

Principal/Head of School Phone Extension: _____

Principal/Head of School Email: _____

School Address 1: _____

School Address 2: _____

City: _____

State: _____

Zip Code: _____

Screen2a Q2. Is this also the MAILING address for your school?

- Yes
- No

Screen2b Q3. Please enter the MAILING address for your school. {Display if Screen2a = No}

1. Address 1: _____
2. Address 2: _____
3. City: _____
4. State: _____
5. Zip Code: _____

Screen3 Q4. Which of the following grades or grade equivalents are offered at your school?

- Kindergarten
- 1st grade
- 2nd grade
- 3rd grade
- 4th grade
- 5th grade
- 6th grade
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade

Screen4 Q5b. This survey will collect information on a variety of topics related to your school’s operations during the 2025-26 school year, including, but not limited to: staffing/hiring challenges, absenteeism, student and staff mental health, and student behavior, among others. **Please identify the best person in your school for us to contact for this survey.** As principal/head of school, you may be this person, or you can identify another school staff member to serve in this role. This person will serve as your school’s primary person of contact for this study.

This person will serve as your school’s primary person of contact for this study (POC). The primary person of contact will receive future communications regarding the School Pulse Panel, including monthly survey links. This person should be a school staff member who can respond to monthly surveys. This person is responsible for collecting information necessary, which may be from other staff, to answer survey items and submit completed surveys online.

- I, the principal/head of school, will be the primary person of contact for the School Pulse Panel.

Screen4_POC. {Display if Screen4 ≠ “I, the principal/head of school, will be...”}

POC First Name: _____

POC Last Name

POC Job Title: _____

POC Email: _____

POC Work Phone Number: _____

POC Phone Extension: _____

Screen5_v1. Please identify an alternative person of contact.

The alternative person of contact will be contacted if the primary person of contact leaves the school or is otherwise unavailable during a collection period.

- I, the principal/head of school, will be the alternative person of contact for the School Pulse Panel.

Screen5_altPOCentry. {Display if Screen5_v1 ≠ “I, the principal/head of school, will be...”}

ALT First Name: _____

ALT Last Name: _____

ALT Job Title: _____

ALT Email: _____

ALT Work Phone Number: _____

ALT Phone Extension: _____

Screen6a. Please confirm the point of contact and mailing address where we should send the \$200 for completing the monthly survey.

\$200 Point of Contact: [Principal Name]
Mailing Address 1: [Mailing Address Street 1]
Mailing Address 2: [Mailing Address Street 2]
City: [Mailing Address City]
State: [Mailing Address State]
ZIP Code: [Mailing Address ZIP]

- Information is correct
- Information needs to be updated

Screen6b. Please provide the following. {Display if Screen6a = "Information needs to be updated"}

\$200 Point of Contact: _____
Address 1: _____
Address 2: _____
City: _____
State: _____
Zip Code: _____

NCES is authorized to conduct this survey by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543). All of the information you provide may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151). Reports of the findings from the survey will not identify participating districts, schools, or staff. Individual responses will be combined with those from other participants to produce summary statistics and reports.